

PETER: Opting In

Age: 70 Gender: Male Ethnicity: Caucasian Primary Language: English
Education: Master's Degree U.S.-Born: Yes Enrollment Status: CMC Enrollee

Read the related study:

Cal MediConnect Enrollment: Why Are Dual-Eligible Consumers in Los Angeles County Opting Out?
<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>

An Involved Consumer

"Peter" is 70 years old and has been a "Medi-Medi" consumer since 2011. He had triple bypass surgery one year ago, but he has recovered quickly in the past several months and has regained full mobility. He continues to manage his diabetes, which he carefully monitors with the help of his primary care doctor. Peter does not involve friends or family in his health care decision-making. Instead, he relies mainly on his primary care doctor for referrals to specialists and for health-care-related decisions. Peter is also a member of the consumer advisory group for his Cal MediConnect (CMC) plan. He opted to join the advisory group in order to obtain more information about his health plan and be more involved in the community. Since he joined this group, he has seen several changes in health plan services, including improved transportation benefits.

Peter's Enrollment Decision

Peter has been a member of his current health plan for over four years. He originally joined this plan as a consumer of Medicare Advantage. When Peter first learned of the new program called Cal MediConnect, he immediately called his health plan to see if his current doctors were CMC providers. As soon as he learned they were affiliated with the CMC program, he enrolled in CMC.

Prior to enrolling, Peter was unaware of his options

and the extra benefits that many of the CMC plans provided. He believed his only option was to join a CMC plan. He says, "My main concern was being compliant with ... Obamacare ... officially called the Affordable Care Act." Peter was not aware that he could have kept his original Medicare Advantage plan or switched back to original Medicare.

His previous Medicare Advantage plan was contracted with CMC providers, which enabled him to keep his primary care doctor.

Unlike some other dual-eligible consumers, Peter's transition into CMC was very easy. His previous Medicare Advantage plan was contracted with CMC providers, which enabled him to keep his primary care doctor. Furthermore, his health plan allowed him to complete all of the required paperwork over the phone, further easing his transition to the new CMC plan.

Before enrolling in CMC, Peter relied solely on his primary care doctor for the treatment and management of his diabetes. However, following his surgery one year ago, Peter acquired four specialists in the CMC

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network to help him manage his more recent medical conditions: "I got most of the specialists ... after being on the [CMC] plan. ... The doctor I have now has referred me to more specialists than the doctor I had before." It was simple for Peter's current CMC plan to connect him with other specialists in the CMC network; however, it would have been challenging for Peter to maintain continuity of care had he been receiving care from multiple specialists outside the CMC network.

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How Peter Is Doing Now

Overall, Peter is pleased with the quality of care he is receiving from his CMC plan. Peter's priorities include managing his diabetes, getting transportation to and from his medical appointments, and maintaining a healthy lifestyle. Peter feels that he now has more information and choice in his health care decision-making process than ever before, especially since becoming involved as a member of his CMC plan's consumer advisory group.

Peter takes advantage of the extra benefits provided by his current CMC plan and is very pleased with the additional services he has received thus far. As a CMC member, he does not have to pay any co-pays for his prescription medications; he is extremely happy he switched from his previous Medicare Advantage plan, since he does not believe that plan would have covered his medications entirely. Peter also frequently uses the transportation services offered by the CMC plan. Under his former plan, he had a limited number of transportation rides per year. As a CMC member, he now has unlimited transportation to and from

doctor appointments, and he also receives rides for trips to the pharmacy and to the gym.

Peter has not experienced any disadvantages since joining CMC. Given that his primary care provider was already a part of the CMC health plan's network, it was a simple transition. As a result, Peter did not experience any disruption to his care or delays in receiving required medication. For Peter, the "extra benefits" of CMC allow him to live more independently, due to the unlimited transportation services, and save him money, due to the absence of out-of-pocket costs for his required medication.

Despite Peter's positive experience in transitioning to CMC, his statement about his enrollment "being compliant with ... Obamacare" was concerning. While CMC emerges from Affordable Care Act innovations to improve the delivery of care to Medicare-Medicaid beneficiaries, Peter believed that he had no choice and that the CMC program was mandatory. His perception suggests a serious breakdown in the effective communication of CMC to dual-eligible consumers.

The CHOICE Study: Consumer Health Care Options: Investigating Cal MediConnect Enrollment

The CHOICE study was a two-year project that examined the decision-making processes of those eligible for Cal MediConnect in Los Angeles County. The study was conducted by the **UCLA Center for Health Policy Research** in partnership with the Westside Center for Independent Living and a Community Advisory Group of five consumers and five stakeholders. Findings are drawn from 53 in-depth, one-on-one interviews and six focus groups (36 participants) conducted with dual-eligible consumers. For more information, please visit:

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>.